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**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2011**

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input checked="" type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>331,289.</b></p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>JAZZ ARTS GROUP OF COLUMBUS</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>769 E. LONG ST., 4TH FLOOR</b></p> <p>City or town, state, and ZIP code <b>COLUMBUS, OH 43203</b></p> <p><b>F</b> Group exemption number (See instructions.)</p> <p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions) <b>31-0852944</b></p> <p><b>E</b> Unrelated business activity codes (See instructions) <b>711300 541800</b></p>
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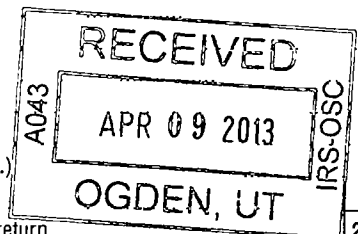
**H** Describe the organization's primary unrelated business activity. **▶ ADVERTISING/BOOKING JAZZ ARTISTS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of **▶ THE ORGANIZATION** Telephone number **▶ (614) 294-5200**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <b>86,925.</b>			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b> <b>86,925.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b> <b>76,253.</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> <b>10,672.</b>		<b>10,672.</b>
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b> <b>1,650.</b>		<b>1,650.</b>
<b>12</b> Other income (See instructions; attach schedule.)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> <b>12,322.</b>		<b>12,322.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)		14	15	16	17	18	19	20
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)								
<b>15</b> Salaries and wages			<b>14,583.</b>					
<b>16</b> Repairs and maintenance								
<b>17</b> Bad debts								
<b>18</b> Interest (attach schedule)								
<b>19</b> Taxes and licenses							<b>1,955.</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules.)								
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>							
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>419.</b>					<b>419.</b>
<b>23</b> Depletion								
<b>24</b> Contributions to deferred compensation plans								
<b>25</b> Employee benefit programs								
<b>26</b> Excess exempt expenses (Schedule I)								
<b>27</b> Excess readership costs (Schedule J)							<b>1,650.</b>	
<b>28</b> Other deductions (attach schedule)							<b>16,222.</b>	
<b>29 Total deductions.</b> Add lines 14 through 28							<b>34,829.</b>	
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							<b>-22,507.</b>	
<b>31</b> Net operating loss deduction (limited to the amount on line 30)							<b>0.</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30							<b>-22,507.</b>	
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)							<b>1,000.</b>	
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32							<b>-22,507.</b>	



SEE STATEMENT 2

SCANNED APR 10 2013

Part III Tax Computation

Table with 2 columns: Description (35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Total) and Amount (0.00, 0.00, 0.00, 0.00, 0.00)

Part IV Tax and Payments

Table with 2 columns: Description (40a Foreign tax credit, 41 Subtract line 40e from line 39, 42 Other taxes, 43 Total tax, 44a Payments, 45 Total payments, 46 Estimated tax penalty, 47 Tax due, 48 Overpayment, 49 Enter the amount of line 48) and Amount (0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00)

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question (1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account...), Yes, No (X, X)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 2 columns: Description (1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A) and Amount (0.00, 76,253.00, 76,253.00, 0.00, 76,253.00, 0.00, 76,253.00)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: Gretta Rzymek, Date: 4-4-2013, Title: EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name: GRETA RZYMEK, CPA; Preparer's signature: [Signature]; Date: 3/19/2013; Check self-employed: [ ]; PTIN: P00181209; Firm's name: REA & ASSOCIATES INC, CPA S; Firm's EIN: 34-1310124; Firm's address: 5775 PERIMETER DRIVE - STE 200 DUBLIN, OH 43017-3224; Phone no.: (614) 889-8725

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

**1** Description of property

(1)
(2)
(3)
(4)

**2** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total <b>0.</b>	Total <b>0.</b>	

(c) **Total income** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) **Total deductions.** Enter here and on page 1, Part I, line 8, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>
<b>Total dividends-received deductions</b> included in column 8			<b>0.</b>	<b>0.</b>

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) <b>0.</b>	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) <b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b>	<b>0.</b>			<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>PLAYBILL</b>	<b>1,650.</b>		<b>1,650.</b>		<b>67,415.</b>	<b>1,650.</b>
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b>	<b>1,650.</b>	<b>0.</b>				<b>1,650.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

FOOTNOTES	STATEMENT	1
NOL C/O TO 6/30/2001	3,647.	
NOL GENERATED IN 6/30/2001	4,294.	
NOL C/O TO 6/30/2002	7,941.	
NOL GENERATED IN 6/30/2002	21,091.	
NOL C/O TO 6/30/2003	29,032.	
NOL GENERATED IN 6/30/2003	2,466.	
NOL C/O TO 6/30/2004	31,498.	
NOL GENERATED IN 6/30/2004	1,566.	
NOL C/O TO 6/30/2005	33,064.	
NOL GENERATED IN 6/30/2005	4,710.	
NOL C/O TO 6/30/2006	37,774.	
NOL GENERATED IN 6/30/2006	2,073.	
NOL C/O TO 6/30/2007	39,847.	
NOL USED IN 6/30/2007	-1,208.	
NOL C/O TO 6/30/2008	38,639.	
NOL USED IN 6/30/2008	-14,159.	
NOL C/O TO 6/30/2009	24,480.	
NOL GENERATED IN 6/30/2009	2,379.	
NOL C/O TO 6/30/2010	26,859.	
NOL GENERATED IN 6/30/2010	2,275.	
NOL C/O TO 6/30/2011	29,134.	
NOL GENERATED IN 6/30/2011	2,385.	
NOL C/O TO 6/30/2012	31,519.	
NOL GENERATED IN 6/30/2012	22,507.	
NOL C/O TO 6/30/2013	54,026.	

ELECTION TO WAIVE THE CARRYBACK PERIOD  
FOR THE YEAR ENDED 6/30/2012

THE TAXPAYER ELECTS TO WAIVE THE ENTIRE NOL CARRYBACK  
PERIOD UNDER SECTION 172(B)(3) OF THE INTERNAL REVENUE CODE.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

RENT	1,183.
UTILITIES	1,270.
OTHER OPERATING EXPENSES	7,549.
ADVERTISING	4,054.
POSTAGE	1,580.
SUPPLIES	586.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	16,222.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions <b>JAZZ ARTS GROUP OF COLUMBUS</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>31-0852944</b>
	Number, street, and room or suite no If a P O box, see instructions <b>C/O REA AND ASSOCIATES - 5775 PERIMETER DRIVE</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>DUBLIN, OH 43017</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE ORGANIZATION**

• The books are in the care of  **769 E. LONG ST., 4TH FLOOR - COLUMBUS, OH 43203**  
Telephone No  **(614) 294-5200** FAX No

• If the organization does not have an office or place of business in the United States, check this box   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2013**  
5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**  
6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**THE ORGANIZATION NEEDS ADDITIONAL TIME TO ENSURE A COMPLETE AND ACCURATE REVIEW PRIOR TO FILING.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **EXECUTIVE DIRECTOR** Date